

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000017091**

1. Entity Name

MOSKVICH-SERVICE, INC.**FILED****Mar 10, 2000 8:00 am**
Secretary of State

03-10-2000 90025 025 ***150.00

Principal Place of Business

Mailing Address

132 NE 1ST AVE
HALLANDALE FL 33009
US132 NE 1ST AVE
HALLANDALE FL 33009-4204
US

2. Principal Place of Business

934 N.E. 26 AVE.

Suite, Apt. #, etc.

3. Mailing Address

934 NE. 26 AVE.

Suite, Apt. #, etc.

City & State

HALLANDALE FLA.

City & State

HALLANDALE FLA

4. FEI Number

65-0817112

Applied For

Not Applicable

Zip

33009

Country

U.S.A.

Zip

33009

Country

U.S.A.5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	PSTD	SEMENTSOV, ANDREY V	132 NE 1ST AVE HALLANDALE FL 33009	<input type="checkbox"/>			934 NE. 26 AVE. HALLANDALE FLA. 33009		<input checked="" type="checkbox"/>
	T	MOSS, LAWRENCE	132 NE 1ST AVE HALLANDALE FL 33009	<input type="checkbox"/>			934 N.E. 26 AVE HALLANDALE FLA. 33009		<input checked="" type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/07/2000

Date

Daytime Phone #